

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Mooney for Congress

ADDRESS (number and street)

PO Box 1863

Check if different  
than previously  
reported. (ACC)

Martinsburg

WV

25402

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00506774

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edward Wilson

Signature of Treasurer

Edward Wilson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 51

Write or Type Committee Name

**Mooney for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	66190.24	591713.85
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	66190.24	591613.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	197166.96	401380.37
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	197166.96	401380.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	226973.30	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**Mooney for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

47200.74

419602.74

**(ii) Unitemized.....**

11539.50

76788.61

**(iii) TOTAL of contributions from individuals ▶**

58740.24

496391.35

**(b) Political Party Committees.....**

0.00

1099.00

**(c) Other Political Committees (such as PACs).....**

7450.00

94223.50

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

66190.24

591713.85

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

66190.24

591713.85

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 51

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	197166.96	401380.37
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS .....	0.00	500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	197166.96	401980.37

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	357950.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	66190.24
25. SUBTOTAL (add Line 23 and Line 24).....	424140.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	197166.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	226973.30

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mooney for Congress

Full Name (Last, First, Middle Initial)

IDALIA ACOSTA

A.

Mailing Address 1546 EDINBORO DR.

City

JONESBORO

State

GA

Zip Code

30236-5185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

251.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2014

Transaction ID : SA11.3038

Amount of Each Receipt this Period

78.75

CONTRIBUTION

Full Name (Last, First, Middle Initial)

RAY R. BARRETT, JR.

B.

Mailing Address HC 34 BOX 3

City

MIDKIFF

State

TX

Zip Code

79755-9801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

RANCHER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2014

Transaction ID : SA11.3067

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MARK BLOOM

C.

Mailing Address 9026 ELIZABETH RD

City

HOUSTON

State

TX

Zip Code

77055-6505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SQUARE MILE ENGERY

Occupation

GEOLOGIST/PART OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2014

Transaction ID : SA11.3072

Amount of Each Receipt this Period

700.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

978.75

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mooney for Congress

Full Name (Last, First, Middle Initial)

MARY MARGARET BOGARDUS

Mailing Address 231 THIRD AVE.

City

SALTILLO

State

MS

Zip Code

38866-9197

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

398.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

Transaction ID : SA11.2990

Amount of Each Receipt this Period

199.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOWARD BOWEN

Mailing Address 9651 OLD NATIONAL PIKE

City

HAGERSTOWN

State

MD

Zip Code

21740-1553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EWING OIL COMPANY

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		13		2014

Transaction ID : SA11.3040

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN L. BRANDT

Mailing Address 2129 12TH AVE. E

City

HIBBING

State

MN

Zip Code

55746-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFFC

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		12		2014

Transaction ID : SA11.3024

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

909.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mooney for Congress

Full Name (Last, First, Middle Initial)

MR. DECLAN BRANSFIELD III

Mailing Address 12720 BUILDERS RD.

City

HERNDON

State

VA

Zip Code

20170-2929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ECG INC.

Occupation

CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2014

Transaction ID : SA11.2986

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CAROLE BROWN

Mailing Address 136 ISLAND CREEK DR

City

INDIAN RIVER SHORES

State

FL

Zip Code

32963-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		13		2014

Transaction ID : SA11.3039

Amount of Each Receipt this Period

1600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CAROLE BROWN

Mailing Address 136 ISLAND CREEK DR

City

INDIAN RIVER SHORES

State

FL

Zip Code

32963-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2014

Transaction ID : SA11.3070

Amount of Each Receipt this Period

400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2100.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**AERIN BRYANT**

Mailing Address 1221 PROVIDENCE TER

City

MCLEAN

State

VA

Zip Code

22101-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2014

Transaction ID : SA11.2835

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DR. GEORGE BUSS**

Mailing Address 12640 MILLSTREAM DR

City

BOWIE

State

MD

Zip Code

20715-1621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : SA11.3078

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. TOM CAIRNS**

Mailing Address P.O. BOX 44009

City

LEMON COVE

State

CA

Zip Code

93244-0009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIERRA CHIEFOccupation  
OWNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2014

Transaction ID : SA11.3227

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)  
**EARL CALDWELL**

Mailing Address **172 N PLAZA CT**

City	State	Zip Code
MT PLEASANT	SC	29464-6301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**APR**

Occupation  
**CFO**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : **SA11.3228**

Amount of Each Receipt this Period

**200.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**KENNETH CAMPBELL**

Mailing Address **3636 MCCOURTNEY RD.**

City	State	Zip Code
LINCOLN	CA	95648-9716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**DENTIST-RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2014

Transaction ID : **SA11.3148**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**ROBERT M. CHANCE**

Mailing Address **9434 REICH'S FORD RD.**

City	State	Zip Code
IJAMSVILLE	MD	21754-9502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFF**

Occupation  
**INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : **SA11.3077**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**800.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**CHARLIE CHIANG**

Mailing Address 4060 CAMPBELL AVE.

City

SHIRLINGTON

State

VA

Zip Code

22206-3424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : SA11.3085

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS W. COLOMB**

Mailing Address 1001 MARINA DR. APT. 613

City

QUINCY

State

MA

Zip Code

02171-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MURPHY HESSE TOOMEY &amp; LEHANE LLP

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2014

Transaction ID : SA11.2889

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS W. COLOMB**

Mailing Address 1001 MARINA DR. APT. 613

City

QUINCY

State

MA

Zip Code

02171-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MURPHY HESSE TOOMEY &amp; LEHANE LLP

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2014

Transaction ID : SA11.3199

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

A. Full Name (Last, First, Middle Initial)  
**MARY COLWELL**

Mailing Address **140 MARICOPA CIR**

City State Zip Code  
**ENON OH 45323-1817**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt

**04 / 13 / 2014**

Transaction ID : **SA11.3068**

Amount of Each Receipt this Period

**120.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**PAUL W. CRITCHLOW**

Mailing Address **299 W 12TH ST., PH. C1**

City State Zip Code  
**NEW YORK NY 10014-1801**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**MERRILL LYNCH, PIERCE, FENNER & SMITH**

Occupation  
**VICE CHARIMAN, PULBIC MARKETS**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**2600.00**

Date of Receipt

**04 / 13 / 2014**

Transaction ID : **SA11.3041**

Amount of Each Receipt this Period

**2600.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**RALPH CRUMP**

Mailing Address **28 TWISTED OAK CIR.**

City State Zip Code  
**TRUMBULL CT 06611-1808**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt

**04 / 21 / 2014**

Transaction ID : **SA11.3208**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**3220.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mooney for Congress

Full Name (Last, First, Middle Initial)

JOHN C. DAVISON

A.

Mailing Address 1233 W. MOUNT ROYAL AVE.

City

BALTIMORE

State

MD

Zip Code

21217-4176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOUNT ROYAL MANAGEMENT COMPANY

Occupation

PARTNER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2014

Transaction ID : SA11.2987

Amount of Each Receipt this Period

750.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. RANDY DEAN

B.

Mailing Address 20709 BURNT WOODS DRIVE

City

GERMANTOWN

State

MD

Zip Code

20874-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHN HOPKINS UNIVERSITY

Occupation

ENGINEER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2014

Transaction ID : SA11.3316

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANTOINETTE P. DIEMER

C.

Mailing Address 10919 MAIDEN DR.

City

BOWIE

State

MD

Zip Code

20720-3599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

775.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2014

Transaction ID : SA11.3003

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANTOINETTE P. DIEMER**  
 Mailing Address 10919 MAIDEN DR.

City State Zip Code  
 BOWIE MD 20720-3599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

775.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 23 2014

Transaction ID : SA11.3310

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**BRIAN DOLAN**  
 Mailing Address 90 BETA DRIVE

City State Zip Code  
 PITTSBURGH PA 15238-2945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SEQUOIA WASTE SOLUTIONS

Occupation  
 SALES

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 10 2014

Transaction ID : SA11.2969

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. MICHAEL DYE**  
 Mailing Address 1315 HAWKINS LN

City State Zip Code  
 ANAPOLIS MD 21401-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RAYTHEON

Occupation  
 ENGINEER

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 04 05 2014

Transaction ID : SA11.2853

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

715.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial) <b>MS. RITA F. EAVES</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address 2499 FIVE SHILLINGS RD.			<b>Transaction ID : SA11.2878</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 50.00 CONTRIBUTION	
FREDERICK	MD	21701-9325		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer NONE		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 425.00		

Full Name (Last, First, Middle Initial) <b>MS. RITA F. EAVES</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 2499 FIVE SHILLINGS RD.			<b>Transaction ID : SA11.3307</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 50.00 CONTRIBUTION	
FREDERICK	MD	21701-9325		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer NONE		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 425.00		

Full Name (Last, First, Middle Initial) <b>CHRISTINA ENGLANDER</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014	
Mailing Address 1830 GLENN SPRING COURT			<b>Transaction ID : SA11.3071</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION	
OCONOMOWOC	WI	53066-4876		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer SELF		Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 600.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOYCE FERN**

Mailing Address 668 MEADOW CANYON DR.

City PITTSBURG	State CA	Zip Code 94565-2495
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE	Occupation RETIRED
--------------------------	-----------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
213.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 13 / 2014

Transaction ID : SA11.3063

Amount of Each Receipt this Period

90.00
-------

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GENE FROGALE**

Mailing Address 14101 PARKE LONG CT.

City CHANTILLY	State VA	Zip Code 20151-1645
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ANNANDALE MILLWORK	Occupation PRESIDENT
--	-------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 10 / 2014

Transaction ID : SA11.2968

Amount of Each Receipt this Period

500.00
--------

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. ALLEN J. FURTH**

Mailing Address 3 KING CHARLES PL.

City ANNAPOLIS	State MD	Zip Code 21401-2622
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BERKEL & COMPANY	Occupation ENGINEER
--------------------------------------	------------------------

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt

M M / D D / Y Y Y Y
04 / 09 / 2014

Transaction ID : SA11.2885

Amount of Each Receipt this Period

250.00
--------

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

840.00
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**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**JACK GERARD****A.**

Mailing Address 7020 BENJAMIN STREET

City

MCLEAN

State

VA

Zip Code

22101-1549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN PETROLEUM INSTITUTE

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

**Transaction ID : SA11.2841**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. MICHAEL GIAMPIETRO****B.**

Mailing Address 11286 WOODHAVEN DR

City

IJAMSVILLE

State

MD

Zip Code

21754-8810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

M&amp;T BANK

Occupation

MORTGAGE BANKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

**Transaction ID : SA11.3206**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MARY GOULD****C.**

Mailing Address 7861 MURRAY HILL RD.

City

LAUREL

State

MD

Zip Code

20723-5716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

**Transaction ID : SA11.3079**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

1700.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CARLOS M. GUTIERREZ</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2014	
Mailing Address 3150 SOUTH STREET NW APT. C			<b>Transaction ID : SA11.2862</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 1000.00	
WASHINGTON	DC	20007-4433	CONTRIBUTION	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer ALBRIGHT STONBRIDGE		Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00		

<b>B.</b> Full Name (Last, First, Middle Initial) <b>EDITH HAKOLA</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2014	
Mailing Address 7250 BALDWIN RIDGE RD			<b>Transaction ID : SA11.3059</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 150.00	
WARRENTON	VA	20187-4514	CONTRIBUTION	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer CENTER FOR AMERICAN UNITY		Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 750.00		

<b>C.</b> Full Name (Last, First, Middle Initial) <b>COLIN HANNA</b>			Date of Receipt M M / D D / Y Y Y Y 04 / 07 / 2014	
Mailing Address 603 FAIRWAY DRIVE			<b>Transaction ID : SA11.2858</b>	
City	State	Zip Code	Amount of Each Receipt this Period _____ 1000.00	
WEST CHESTER	PA	19382-2013	CONTRIBUTION	
FEC ID number of contributing federal political committee.		C _____		
Name of Employer LET FREEDOM RING		Occupation CONSULTANT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2150.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**STANLEY S. HARRIS**

Mailing Address 4982 SENTINEL DR APT 406

City

BETHESDA

State

MD

Zip Code

20816-3579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

443.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2014

Transaction ID : SA11.3055

Amount of Each Receipt this Period

413.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN T. HAZEL JR.**

Mailing Address 6254 HUNTLEY RD.

City

BROAD RUN

State

VA

Zip Code

20137-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11.3330

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**KIM HOLMES**

Mailing Address 2978 TROUSSEAU LANE

City

OAKTON

State

VA

Zip Code

22124-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11.3300

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1163.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**FRANK HOWARD**

Mailing Address 1622 HOBART STREET, NW

City

WASHINGTON

State

DC

Zip Code

20009-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCG

Occupation

PUBLIC AFFAIRS EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2014

Transaction ID : SA11.2997

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**CHARLES W. HUNTER**

Mailing Address 941 LAKE BALDWIN LANE SUITE 103

City

ORLANDO

State

FL

Zip Code

32814-6438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11.3334

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. FRANCIS KELLY III**

Mailing Address 1200 SCOTTS KNOLL CT

City

LUTHERVILLE

State

MD

Zip Code

21093-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KELLY AND ASSOCIATES INSURANCE

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2014

Transaction ID : SA11.3150

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN KEY**  
 Mailing Address **44 STIMSON AVENUE**

City State Zip Code  
**PROVIDENCE RI 02906-3218**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**KEY CONSULTING LLC**

Occupation  
**SELF EMPLOYED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt

M M / D D / Y Y Y Y  
**04 05 2014**

Transaction ID : SA11.2852

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MR. BOB LAWRENCE**  
 Mailing Address **1610 N SALISBURY BLVD.**

City State Zip Code  
**SALISBURY MD 21801-3329**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**680.99**

Date of Receipt

M M / D D / Y Y Y Y  
**04 12 2014**

Transaction ID : SA11.3029

Amount of Each Receipt this Period

**180.99**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**DAVID J. LEE**  
 Mailing Address **9801 CONESTOGA WAY**

City State Zip Code  
**POTOMAC MD 20854-4713**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFF**

Occupation  
**INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt

M M / D D / Y Y Y Y  
**04 16 2014**

Transaction ID : SA11.3081

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1680.99**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**CONSTANTINE LIZAS**

Mailing Address 4909 45TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20016-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US GOVERNMENTOccupation  
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : SA11.2836

Amount of Each Receipt this Period

250.00

CONTRIBUTION

A.

Full Name (Last, First, Middle Initial)

**PETER AND GEORGIA LIZAS**

Mailing Address P.O. BOX 2486

City

KENSINGTON

State

MD

Zip Code

20891-2486

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SA11.3100

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

**JOHN M. MCMAHON**

Mailing Address 4824 RUGBY AVE.

City

BETHESDA

State

MD

Zip Code

20814-3019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLER AND LONG CO. INC.Occupation  
CHAIRMAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SA11.3314

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mooney for Congress

Full Name (Last, First, Middle Initial)

HARVEY M. MEYERHOFF

A.

Mailing Address 1 SOUTH STREET, SUITE 1000

City

BALTIMORE

State

MD

Zip Code

21202-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		13		2014

Transaction ID : SA11.3042

Amount of Each Receipt this Period

1200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CARLYLE N. MONTANYE JR.

B.

Mailing Address PO BOX 14

City

GLYNDON

State

MD

Zip Code

21071-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : SA11.2884

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CARLYLE N. MONTANYE JR.

C.

Mailing Address PO BOX 14

City

GLYNDON

State

MD

Zip Code

21071-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		21		2014

Transaction ID : SA11.3212

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 23 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

A. Full Name (Last, First, Middle Initial)  
**MR. KIRK A. MOONEY**

Mailing Address 3891 WEBB RD

City	State	Zip Code
RAVENNA	OH	44266-9748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**SAVAGE-SIMPSON REALTY**

Occupation  
**PRESIDENT**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		19		2014

Transaction ID : SA11.3201

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**HECTOR MOTRONI**

Mailing Address 44 TURKEY HILL ROAD SOUTH

City	State	Zip Code
WESTPORT	CT	06880-5521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : SA11.2851

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**RICHARD NORMAN**

Mailing Address 40959 PACER LANE

City	State	Zip Code
PAEONIAN SPRINGS	VA	20129-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
**THE RICHARD NORMAN COMPANY**

Occupation  
**PRESIDENT**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SA11.2855

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mooney for Congress

Full Name (Last, First, Middle Initial)

MS. GERTRUDE O'ROURKE

A.

Mailing Address 1209 LINDEN AVE

City

HALETHORPE

State

MD

Zip Code

21227-2424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		12		2014

Transaction ID : SA11.3018

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MR. PETER ONOSZKO

B.

Mailing Address 13 AUBREY CT

City

CHARLES TOWN

State

WV

Zip Code

25414-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		12		2014

Transaction ID : SA11.3001

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELENI PAVLOU

C.

Mailing Address 5013 ALTA VISTA CT

City

BETHESDA

State

MD

Zip Code

20814-5709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SA11.3099

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**NICHOLAS PEAY JR.**

Mailing Address 2965 FAIRMONT BLVD.

City

CLEVELAND HEIGHTS

State

OH

Zip Code

44118-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		19		2014

Transaction ID : SA11.3197

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PETER PLAMONDON**

Mailing Address 13903 CARLSON FARM DR

City

GERMANTOWN

State

MD

Zip Code

20874-4481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLAMINDON COMPANY

Occupation

BOARD CHAIRMAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2014

Transaction ID : SA11.3128

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROBERT POLIN**

Mailing Address 4602 HIGHLAND AVE

City

BETHESDA

State

MD

Zip Code

20814-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FISH AND WILDLIFE FOUNDATION

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		20		2014

Transaction ID : SA11.3203

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 26 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**WILLIAM B. POND**

Mailing Address P.O. BOX 804

City

HARRISONBURG

State

VA

Zip Code

22803-0804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SA11.3103

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**VADREVU RAJU**

Mailing Address 695 WESTVIEW AVE.

City

MORGANTOWN

State

WV

Zip Code

26505-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SA11.3294

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TERESA A. REGARD**

Mailing Address 720 E CHERRY LN

City

ARLINGTON HTS

State

IL

Zip Code

60004-3217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2014

Transaction ID : SA11.3152

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)  
**HOWARD R. RITTER**

Mailing Address **RT. 1 BOX 63F**

City	State	Zip Code
BURLINGTON	WV	26710-9610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

**Transaction ID : SA11.3305**

Amount of Each Receipt this Period

**120.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**NANCY B. ROTH**

Mailing Address **8545 CARMEL VALLEY RD.**

City	State	Zip Code
CARMEL	CA	93923-9556

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

**Transaction ID : SA11.2975**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**RAYMOND ROWE**

Mailing Address **49 EAST E STREET**

City	State	Zip Code
ENCINITAS	CA	92024-3612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1169.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2014

**Transaction ID : SA11.3129**

Amount of Each Receipt this Period

**374.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**744.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**MICHAEL RYDIN**

Mailing Address 5500 HOLLY ST

City

HOUSTON

State

TX

Zip Code

77081-7410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HCSS, SUGAR LAND 77478

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2014

Transaction ID : SA11.3272

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RAINER SCHILDKNECHT**

Mailing Address 211 WOODLAWN

City

WINNETKA

State

IL

Zip Code

60093-1552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ARCHITECT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2014

Transaction ID : SA11.2972

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PAULA M. SHERWOOD**

Mailing Address 7521 BRIAR ROSE DR.

City

HOUSTON

State

TX

Zip Code

77063-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2014

Transaction ID : SA11.2971

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)  
**STANLEY SIENKIEWICZ**

Mailing Address **5540 30TH ST NW**

City	State	Zip Code
WASHINGTON	DC	20015-1250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**US GOVERNMENT**

Occupation  
**INTERNATION DEVELOPMENT**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1150.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		05		2014

Transaction ID : **SA11.2854**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**GRANGE SIMONS**

Mailing Address **228 BENNETT ST**

City	State	Zip Code
MOUNT PLEASANT	SC	29464-5350

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : **SA11.3333**

Amount of Each Receipt this Period

**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**JOHN CLIFTON SITES JR.**

Mailing Address **79 HARBOR DR.**

City	State	Zip Code
GREENWICH	CT	06830-7019

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**WEXFORD CAPITAL LP**

Occupation  
**INVESTMENTS**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : **SA11.3328**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**600.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**TOM SLEZAK**

Mailing Address 3433 STANFORD STREET

City

HYATTSVILLE

State

MD

Zip Code

20783-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		09		2014

Transaction ID : SA11.2883

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MR. BAKER SMITH**

Mailing Address 3360 EAST TERRELL BRANCH COURT

City

MARIETTA

State

GA

Zip Code

30067-5164

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BDO CONSULTING

Occupation

MANAGEMENT CONSULTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2014

Transaction ID : SA11.2998

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**SHANNON SORZANO**

Mailing Address 4020 N. 38TH PLACE

City

ARLINGTON

State

VA

Zip Code

22207-4602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : SA11.3082

Amount of Each Receipt this Period

600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

A. Full Name (Last, First, Middle Initial)  
**CHRISTOPHER STANLEY**

Mailing Address **31 O ST SW**

City	State	Zip Code
WASHINGTON	DC	20024-4105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**FEDERAL GOVERNMENT**

Occupation  
**US SENATE**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**700.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2014

Transaction ID : **SA11.3194**

Amount of Each Receipt this Period

**300.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**JOEL E. STARR**

Mailing Address **2320 WISCONSIN AVE. NW 508**

City	State	Zip Code
WASHINGTON	DC	20007-1859

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**INFORMATION REQUESTED PER BEST EFFC**

Occupation  
**INFORMATION REQUESTED PER BEST EFF**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : **SA11.3087**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**JEAN A. STUMBAUGH**

Mailing Address **7623 HAYFIELD RD.**

City	State	Zip Code
ALEXANDRIA	VA	22315-4034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**NONE**

Occupation  
**RETIRED**

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**225.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2014

Transaction ID : **SA11.3017**

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**600.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mooney for Congress

Full Name (Last, First, Middle Initial)

CHRISTOPHER SULLIVAN

A.

Mailing Address 22904 VANTAGE POINTE PL

City

ASHBURN

State

VA

Zip Code

20148-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MDI IMAGING AND MAIL

Occupation

DIRECT MAIL PRODUCTION

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SA11.3116

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

STEVEN SUTTON

B.

Mailing Address 1115 GREENWAY RD.

City

ALEXANDRIA

State

VA

Zip Code

22308-1237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEADERSHIP INSTITUTE

Occupation

VICE-PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		23		2014

Transaction ID : SA11.3329

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM TIERNEY

C.

Mailing Address P.O. BOX 2113

City

GILBERT

State

AZ

Zip Code

85299-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOOD EARTH CAPITAL

Occupation

PRESIDENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : SA11.3093

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**MARK T. TIMBIE**

Mailing Address 11 LAURELFORD CT.

City

COCKEYSVILLE

State

MD

Zip Code

21030-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : SA11.2871

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DONALD J. TRUMP**

Mailing Address 725 5TH AVE.

City

NEW YORK

State

NY

Zip Code

10022-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

DEVELOPMENT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : SA11.2887

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ELIZABETH UIHLEIN**

Mailing Address 1396 N. WAUKEGAN RD.

City

LAKE FOREST

State

IL

Zip Code

60045-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		12		2014

Transaction ID : SA11.3013

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

A. Full Name (Last, First, Middle Initial)  
**RICHARD E. UIHLEIN**

Mailing Address 1396 N WAUKEGAN RD.

City	State	Zip Code
LAKE FOREST	IL	60045-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 U-LINE CORP

Occupation  
 CEO

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		12		2014

Transaction ID : SA11.3012

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**RAFAEL VALLE**

Mailing Address 2634 INWOOD DR

City	State	Zip Code
ADAMSTOWN	MD	21710-9467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		21		2014

Transaction ID : SA11.3218

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**VICTOR E. VAN DAMME**

Mailing Address 5113 PATRICIA AVE.

City	State	Zip Code
LAS VEGAS	NV	89130-2609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NONE

Occupation  
 RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2014

Transaction ID : SA11.3127

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 35 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Mooney for Congress

Full Name (Last, First, Middle Initial)

MRS. MIMI VANDERVOORT

A.

Mailing Address 1601 SPENCER AVE

City

WILMETTE

State

IL

Zip Code

60091-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		18		2014

Transaction ID : SA11.3138

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JEARL WALKER

B.

Mailing Address 6917 BAL LAKE DR.

City

FORT WORTH

State

TX

Zip Code

76116-8017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		19		2014

Transaction ID : SA11.3200

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS WEST

C.

Mailing Address 16408 FREEMONT LN

City

PURCELLVILLE

State

VA

Zip Code

20132-9640

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ONE THING

Occupation

ENGINEER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : SA11.3611

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**HAIBIN E. WHANG**

Mailing Address 11809 CENTURION WAY

City

POTOMAC

State

MD

Zip Code

20854-6419

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : SA11.3080

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**D.J. WILLARD JR.**

Mailing Address P.O. DRAWER 180

City

FREDERICK

State

MD

Zip Code

21705-0180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

FINANCE

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2014

Transaction ID : SA11.2992

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WILLIAM WILLIAMS**

Mailing Address 13761 BALMORAL GREENS AVENUE

City

CLIFTON

State

VA

Zip Code

20124-2803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORELIANCE CORP.

Occupation

CHAIRMAN

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11.3291

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3850.00

47200.74

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS**

A.

Mailing Address PO BOX 8105

City

GLENDALE

State

AZ

Zip Code

85312-8105

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11.3304

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

**KANSANS FOR HUELSKAMP**

Mailing Address PO BOX 410

City

FOWLER

State

KS

Zip Code

67844-0410

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		16		2014

Transaction ID : SA11.3095

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

**THOMAS MASSIE FOR CONGRESS FEDERAL CANDIDATE CAMPAIGN COMMITTEE**

Mailing Address PO BOX 1444

City

FLORENCE

State

KY

Zip Code

41022-1444

FEC ID number of contributing federal political committee.

C C00509729

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		23		2014

Transaction ID : SA11.3303

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

A. Full Name (Last, First, Middle Initial)  
**FRIENDS OF BIG ED REILLY**

Mailing Address 2139 DEFENSE HWY

City State Zip Code  
CROFTON MD 21114-2438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1940.00

Date of Receipt

M M / D D / Y Y Y Y  
04 19 2014

Transaction ID : SA11.3196

Amount of Each Receipt this Period

950.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**CONSERVATIVE VICTORY FUND**

Mailing Address P.O. BOX 15245

City State Zip Code  
WASHINGTON DC 20003-0245

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
04 23 2014

Transaction ID : SA11.3320

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**FAMILY RESEARCH COUNCIL ACTION PAC**

Mailing Address 801 G STREET N.W.

City State Zip Code  
WASHINGTON DC 20001-3729

FEC ID number of contributing  
federal political committee.

C C00452383

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
04 23 2014

Transaction ID : SA11.3298

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Mooney for Congress**

Full Name (Last, First, Middle Initial)  
**LIBERTY PAC**

Mailing Address **P.O. BOX 602**

City State Zip Code  
**LAKE JACKSON TX 77566-0602**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1500.00**

Date of Receipt

**04 / 23 / 2014**

Transaction ID : **SA11.3319**

Amount of Each Receipt this Period

**1500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1500.00**

**7450.00**

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 51

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. NICK CLEMENS**

Mailing Address PO BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.I243

**B. NICK CLEMENS**

Mailing Address PO BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB17.I244

**C. NICK CLEMENS**

Mailing Address PO BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		09		2014

Amount of Each Disbursement this Period

1091.54
---------

Transaction ID : SB17.I248

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5091.54



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 51

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. NICK CLEMENS**

Mailing Address PO BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2014

Amount of Each Disbursement this Period

3901.75
---------

Transaction ID : SB17.I250

**B. NICK CLEMENS**

Mailing Address PO BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

404.89
--------

Transaction ID : SB17.I260

**C. NICK CLEMENS**

Mailing Address PO BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

2693.51
---------

Transaction ID : SB17.I275

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7000.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. STEPHANIE COOPER**

Mailing Address P.O. BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.I245

**B. STEPHANIE COOPER**

Mailing Address P.O. BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.I253

**C. STEPHANIE COOPER**

Mailing Address P.O. BOX 785

City	State	Zip Code
CHARLES TOWN	WV	25414

Purpose of Disbursement  
REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

365.67
--------

Transaction ID : SB17.I265

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2865.67

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. MR. JASON KNACK**

Mailing Address 4125 SOUTHWAY LANE APT. 65

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

City	State	Zip Code
TRIANGLE	VA	22172

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

118.35
--------

Transaction ID : SB17.I262

**B. MR. JASON KNACK**

Mailing Address 4125 SOUTHWAY LANE APT. 65

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

City	State	Zip Code
TRIANGLE	VA	22172

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

800.00
--------

Transaction ID : SB17.I270

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Amount of Each Disbursement this Period

798.00
--------

Transaction ID : SB17.I278

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1716.35

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, SUITE 400

City	State	Zip Code
TYSONS CORNER	VA	22182

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

622.55
--------

Transaction ID : SB17.I279

**B. COLD SPARK MEDIA**

Mailing Address 202 STATE ST 2ND FLOOR

City	State	Zip Code
HARRISBURG	PA	17101

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

3000.00
---------

Transaction ID : SB17.I255

**C. COLD SPARK MEDIA**

Mailing Address 202 STATE ST 2ND FLOOR

City	State	Zip Code
HARRISBURG	PA	17101

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

2720.15
---------

Transaction ID : SB17.I272

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6342.70

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. COMCAST**

Mailing Address 302 N MILDRED ST.

City	State	Zip Code
RANSON	WV	25438

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

342.81
--------

Transaction ID : SB17.I269

**B. FEDEX**

Mailing Address 3965 AIRWAYS MODULE G

City	State	Zip Code
MEMPHIS	TN	38116

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

18.04
-------

Transaction ID : SB17.I254

**C. FLAME CAMPAIGNS**

Mailing Address 121 S ORANGE AVE STE 1430A

City	State	Zip Code
ORLANDO	FL	32801

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

87.00
-------

Transaction ID : SB17.I264

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

447.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. POLITICAL EQUITY CONSULTING**

Mailing Address 3213 DUKE ST. #685

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

City	State	Zip Code
ALEXANDRIA	VA	22314

Amount of Each Disbursement this Period

5751.49
---------

Purpose of Disbursement  
FUNDRAISINGCategory/  
Type

Transaction ID : SB17.I258

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. POLITICAL EQUITY CONSULTING**

Mailing Address 3213 DUKE ST. #685

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

City	State	Zip Code
ALEXANDRIA	VA	22314

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
FUNDRAISINGCategory/  
Type

Transaction ID : SB17.I276

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. PREMIERE FUNDRAISING**

Mailing Address 1127 WALKER RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

City	State	Zip Code
GREAT FALLS	VA	22066

Amount of Each Disbursement this Period

11000.00
----------

Purpose of Disbursement  
FUNDRAISINGCategory/  
Type

Transaction ID : SB17.I261

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

19251.49

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 51

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. PRINTING PRODUCTIONS INC.**

Mailing Address 1333 - E SHEPHERD DR.

City	State	Zip Code
STERLING	VA	20164

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

239.24
--------

Transaction ID : SB17.I247

**B. PRINTING PRODUCTIONS INC.**

Mailing Address 1333 - E SHEPHERD DR.

City	State	Zip Code
STERLING	VA	20164

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

276.22
--------

Transaction ID : SB17.I267

**C. RAI PROPERTIES LLC**

Mailing Address 179 EAST BURR BLVD.

City	State	Zip Code
KEARNEYSVILLE	WV	25430

Purpose of Disbursement  
RENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

1400.00
---------

Transaction ID : SB17.I242

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1915.46

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 51

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA PLACEMENT**

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

City	State	Zip Code
DELEWARE	OH	43015

Amount of Each Disbursement this Period

12345678901234567890	36396.00
----------------------	----------

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Transaction ID : SB17.I246

**B. STRATEGIC MEDIA PLACEMENT**

Mailing Address 7669 STAGERS LOOP

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

City	State	Zip Code
DELEWARE	OH	43015

Amount of Each Disbursement this Period

12345678901234567890	75200.00
----------------------	----------

Purpose of Disbursement  
MEDIA

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Transaction ID : SB17.I263

**C. SURGE DATA TECHNOLOGIES**

Mailing Address 1550 OLD ANNETTA RD.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

City	State	Zip Code
ALEDO	TX	76008

Amount of Each Disbursement this Period

12345678901234567890	718.00
----------------------	--------

Purpose of Disbursement  
VOTER DATA BASE

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Transaction ID : SB17.I257

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

112314.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS, INC.**

Mailing Address 106 S. COLUMBUS ST.

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
MAIL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2014

Amount of Each Disbursement this Period

20073.00
----------

Transaction ID : SB17.I271

**B. THE TARRANCE GROUP**

Mailing Address 201 N. UNION ST. SUITE 410

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

17265.00
----------

Transaction ID : SB17.I259

**c. USPS**

Mailing Address 1355 COURTHOUSE DR

City	State	Zip Code
MARTINSBURG	WV	21701

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.I249

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

38338.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Mooney for Congress**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 1355 COURTHOUSE DR

City	State	Zip Code
MARTINSBURG	WV	21701

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		21		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I273

**B. USPS**

Mailing Address 1355 COURTHOUSE DR

City	State	Zip Code
MARTINSBURG	WV	21701

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		19		2014

Amount of Each Disbursement this Period

500.00
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Transaction ID : SB17.I274

**c. USPS**

Mailing Address 1355 COURTHOUSE DR

City	State	Zip Code
MARTINSBURG	WV	21701

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

108.75
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Transaction ID : SB17.I277

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1108.75

